

<p>PRESENTATION FORM FOR GRAPHIC MATERIAL</p> <p>(Submit to HQ-00/C in triplicate with process sheet attached)</p>		<p>22 June 1954</p>
<p>DIST: ORIG-GRAPHICS; DUPL-CASE FILE; TRIPL-SOURCE FILE; QUAD-FO RECORD</p>		<p><input checked="" type="checkbox"/> GIFT <input type="checkbox"/> LOAN</p>
<p>AREA <u>Iran</u></p>		
<p>SUBJECT <u>Mohamad Taghavi, M.D., public health official, Tehran.</u></p>		
<p>NUMBER OF ITEMS AND CATEGORY (Still photographs, negatives, or slides) <u>1 still photograph 8" x 10"</u></p>		
<p>DATE OF EXPOSURE <u>25X1A</u></p>		
<p>CHECK CLASSIFICATION OF PHOTOGRAPHS WHEN SEPARATED FROM THIS FORM. (The classification need not be the same.)</p> <p> <input checked="" type="checkbox"/> U. S. OFFICIALS ONLY <input type="checkbox"/> CIA OFFICIALS ONLY <input type="checkbox"/> SECRET <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> RESTRICTED <input type="checkbox"/> UNCLASSIFIED </p>		
<p>BRIEF SOURCE DESCRIPTION</p> <p><u>[REDACTED]</u></p>		<p>25X1X6</p>
<p>IS SOURCE APT TO MAKE ADDITIONAL PHOTOGRAPHIC MATERIAL AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>MAY SOURCE'S NAME BE REVEALED TO GRAPHICS REGISTER, OCD, IF REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>DESCRIPTION OF MATERIAL</p>		
<p><u>Mohamad Taghavi, M.D., public health official from Tehran.</u></p> <p>Home Address: <u>Nobahar Avenue, Gholhak</u> <u>Tehran, Iran</u></p> <p><u>[REDACTED]</u></p> <p><u>Dr. Taghavi was in the US on a State Department sponsored study of American public health methods.</u></p> <p><u>1 accessioned</u> <u>CIA-P-55658</u> <u>16 Feb 55</u></p> <p>25X1A2g</p>		
<p>FOR HEADQUARTERS USE ONLY</p>		
<p>ASE NO. <u>[REDACTED]</u></p>	<p>DATE FORWARDED TO GR BY GMP <u>28 June 54</u></p>	
<p>RETURN DEADLINE (IF LOAN)</p>	<p><u>[REDACTED]</u></p>	